POSITION

ISSUE SLIP STATE CAREA (for additional cross references)

ID NO.

DATE

INITIALS

POSITION	INITIALS	ID NO.	DATE	9/8521143
			ļ	
FEE DETERMINATION	11012		05-14-01	1050/140
O.I.P.E. CLASSIFIER				a165011
FORMALITY REVIEW		TCHY	T. //	910
RESPONSE FORMALITY REVIEW	1	1 -18	<i>-</i>	1/ 0
	^-	J		/
	L	**************************************		
Through numeral)	INDEX OF C	. *		
WHY HOL =	nejecteu			
(Through numeral)	Canceled			
÷ مرال کامور	Restricted			
ί. "				
Claim Date	Crail D', P			. ¬
- S-			-1-1	
Final CO Orthoner	Sinal Orion			
	<u>= 0</u>		-101	
	131		101	
53/1-1-1-1-1	53		102	
 	53	!-!-!-!-!	104	
 	55	 	106	[
6	56	 	106	
	57	 	107	
	58	771-171 1	108	
9	59		109	
No. 1	60		110	
	61		531	
12	62	┤┤┤┤ ┤┤	112	
13	63	╂═╀═┼╌┤╴├	113	
15	65	┼┼┼ ┼┤ ┝	114	
	66	 	116	
	67			
18	68	 	118	
19	.69		119	
20	70		120	
21	71		121	
22	72		122	
23 -	73		123	
24	74		124	
25 26	75	┊ ╫╫╫┩╟	125	
27	77	 	127	 - - -
28	78	+++++++	128	
29	79	 	1291	
30	80		130	
31	81		131	
32	82		520	
33,	63	- 444	133	
34	84		134	<u> </u>
35 \ 36	85		p36	
37	87	- 1 1 -	137	
38	88		138	 - -
39	89		339	- - - - - - - - - -
40	90		540	
41	9:		1(4)	
42	12 1 7		142	
43	(35.		143	
44	194		1144	
45	95		145	
46	96		746	
47	97		h47	- - -
48	198	 - - - - - - -	148	
50	1100	 - - - - - - - - - - - - - - - - - - -	149	
	—	ا سلالیال	<u> </u>	

If more than 150 claims or 10 actions s p additional sheet here

BEST AVAILABLE COPY (LEFT INSIDE)